

L06000005767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

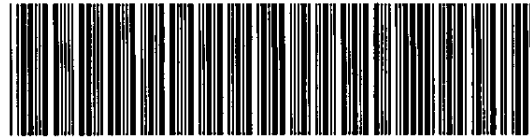
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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10/06/14--01037--012 **25.00

FILED
14 OCT -6 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GSS TITLE LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kresimir Lovric

(Name of Person)

(Firm/Company)

6150 53rd Ave E

(Address)

Bradenton, FL 34203

(City/State and Zip Code)

For further information concerning this matter, please call:

Kresimir Lovric

(Name of Person)

941

914-9520

at ()

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
GSS TITLE LLC
2. The Articles of Organization were filed on 01/17/2006 and assigned
document number L06000005767
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
ALL MEMBERS OF THE COMPANY VOTED UNANIMOUSLY TO DISSOLVE
THE COMPANY. THE COMPANY HAS CEASED ALL OPERATIONS EFFECTIVE
OCTOBER 1ST 2014.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed
listed above to wind up the company's activities and affairs:


Signature

KRESIMIR LOVRIC
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA